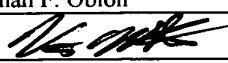


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1381  
U.S. PTO  
UTILITY  
PATENT APPLICATION  
TRANSMITTAL  
Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	251067US0CONT	
First Inventor or Application Identifier		Atsushi SUZUKI
Title	PREVENTIVE OR REMEDY FOR HYPERTENSION	

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Specification      Total Sheets <span style="border: 1px solid black; padding: 2px;">27</span>		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113)      Total Sheets <span style="border: 1px solid black; padding: 2px;"></span>		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input checked="" type="checkbox"/> Oath or Declaration      Total Pages <span style="border: 1px solid black; padding: 2px;">3</span>		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
a. <input type="checkbox"/> Newly executed (original or copy)		10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		12. <input checked="" type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
a. <input type="checkbox"/> Computer Readable Form (CRF)		15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
b. Specification or Sequence Listing on :		16. <input checked="" type="checkbox"/> Other:      Request for Priority
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)      of prior application no.: 10/161,739 filed June 5, 2002, pending Prior application information:      Examiner: Jones, D.C.      Group Art Unit: 1614		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
<b>18. CORRESPONDENCE ADDRESS</b>		
Customer Number <b>22850</b> (703) 413-3000 FACSIMILE: (703) 413-2220		

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:			Date: <u>3/29/07</u>
Name:	Vincent K. Shier, Ph.D.	Registration No.:	50,552

17858 U.S. PTO  
10/810611

032904

Docket No. 251067US0CONT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Atsushi SUZUKI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: PREVENTIVE OR REMEDY FOR HYPERTENSION

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	19 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$770.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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			TOTAL	\$770.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$770.00** to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of **\$0.00**
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 3/29/09

  
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